

PTO/SB/01 (03-01)

Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63) <input checked="" type="checkbox"/> Declaration Submitted with Initial Filing OR <input type="checkbox"/> Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)	Attorney Docket Number	129-001
	First Named Inventor	Appelbaum
	COMPLETE IF KNOWN	
	Application Number	
	Filing Date	7/8/03
	Group Art Unit	
	Examiner Name	

As a below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Magneto-Luminescent
Transducer

(Title of the Invention)

the specification of which

☒ is attached hereto

OR

☐ was filed on (MM/DD/YYYY)

as United States Application Number or PCT International

Application Number

and was amended on (MM/DD/YYYY)

(if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

(Page 1 of 2)

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

129-001

PTO/BB01 (02-01)

Approved for use through 10/31/2002, OMB 0837-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no person is required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION — Utility or Design Patent Application

Direct all correspondence to: ☐ Customer Number or Ser. Code Label **26542** OR ☐ Correspondence address belowName **JAMES H. LEAS**Address **37 Butler Drive**City **S. Burlington** State **VT** ZIP **05403**Country **USA** Telephone **802 864-1575** Fax **802 864 9319**

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 100; and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR: ☐ A petition has been filed for this unsigned inventorGiven Name (first and middle (if any)) **Ian Robert** Family Name or Surname **Appelbaum**Inventor's Signature  Date **7/8/03**Residence: City **Providence** State **RI** Country **USA** Citizenship **USA**Mailing Address **9 Oxford St.**City **Cambridge** State **MA** ZIP **02138** Country **USA**NAME OF SECOND INVENTOR: ☐ A petition has been filed for this unsigned inventorGiven Name (first and middle (if any)) **Bonne Johannes** Family Name or Surname **Monsma**Inventor's Signature  Date **7-8-03**Residence: City **CAMBRIDGE** State **MA** Country **USA** Citizenship **Netherlands**Mailing Address **9 Oxford street**City **CAMBRIDGE** State **MA** ZIP **02138** Country **USA**☐ Additional inventors are being named on the _____ supplemental Additional Inventor(s) sheet(s); PTO/BB/02A attached hereto.

Please type a plus sign (+) inside this box → ☐

129-001

PTO/SB/02A (11-03)
 Approved for use through 10/31/2003. OMB 0831-0002
 U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

DECLARATION	ADDITIONAL INVENTOR(S) Supplemental Sheet Page <u>1</u> of <u>1</u>
--------------------	--

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle if any)		Family Name or Surname	
Kasey Joe		Russell	
Inventor's Signature		Date	
Kasey Joe Russell		8 July 2003	
Residence: City	State	Country	Citizenship
Somerville	MA	USA	USA
Mailing Address			
9 Oxford St.			
Mailing Address			
City	State	ZIP	Country
Cambridge	MA	02138	USA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle if any)		Family Name or Surname	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address			
Mailing Address			
City	State	ZIP	Country
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle if any)		Family Name or Surname	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address			
Mailing Address			
City	State	ZIP	Country

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND PFBs OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Asst. Commissioner for Patents, Washington, DC 20231.

7

Please type a plus sign (+) inside this box ☐

PTO/SB/01 (11-99)

Approved for use through 6/30/02, OMB 0801-0036

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

**POWER OF ATTORNEY OR
AUTHORIZATION OF AGENT,
NOT ACCOMPANYING
APPLICATION**

Application Number	
Filing Date	
First Named Inventor	Appelbaum
Group A1 Unit	
Examiner Name	
Attorney Docket Number	129-001

I hereby appoint:

☒ Practitioners at Customer Number

26542

Place Customer
Number Bar Code
Label here

OR

☐ Practitioner(s) named below:

Name	Registration Number
James M. Leas	34372

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

☒ The above-mentioned Customer Number.

OR

<input type="checkbox"/> Firm or Individual Name	James Marc Leas				
Address	37 Butler Drive				
Address					
City	S. Burlington	State	VT	zip	05403
Country	USA				
Telephone	802 864-1575	Fax	802 864-9319		

I am the:

☒ Applicant.☐ Assignee of record of the entire interest
Certificate under 37 CFR 3.73(b) is enclosed

SIGNATURE of Applicant or Assignee of Record

Name	Jan Robert Appelbaum
Signature	<i>[Signature]</i>
Date	7/8/03

Burden Hour Statement: This form is estimated to take 0.8 hours to complete. This will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, 1500 ... FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents.

Please type a plus sign (+) inside this box: ☐PTO/SB/01 (11-96)
Approved for use through 6/30/99, OMB 0451-0035

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

**POWER OF ATTORNEY OR
AUTHORIZATION OF AGENT,
NOT ACCOMPANYING
APPLICATION**

Application Number	
Filing Date	
First Named Inventor	Appelbaum
Group Art Unit	
Examiner Name	
Attorney Docket Number	129-001

I hereby appoint:

☒ Practitioners at Customer Number

26542

OR

☐ Practitioner(s) named below:Place Customer
Number Bar Code
Label here

Name	Registration Number
James M. Leas	34372

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

☒ The above-mentioned Customer Number.

OR

☐ Firm or
Individual Name James Marc Leas

Address 37 Butler Drive

Address

City S. Burlington State VT zip 05403


Country USA

Telephone 802 864-1575 Fax 802 864-9319

I am the:

☒ Applicant☐ Assignee of record of the entire interest
Certificate under 37 CFR 3.73(b) is enclosed

SIGNATURE of Applicant or Assignee of Record

Name	DOUWE JOHANNES MONSMA
Signature	
Date	7-8-03

Bureau Hour Statement: This form is estimated to take 0.8 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231

7

Please type a plus sign (+) inside this box ☒

PTO/22/01 (11-00)

Approved for use through 6/30/03, OMB 0201-0035

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

**POWER OF ATTORNEY OR
AUTHORIZATION OF AGENT,
NOT ACCOMPANYING
APPLICATION**

Application Number	
Filing Date	
First Named Inventor	Appelbaum
Group An Unit	
Examiner Name	
Attorney Docket Number	129-001

I hereby appoint:

☒ Practitioners at Customer Number

26542

Place Customer
Number Bar Code
Label here

OR

☐ Practitioner(s) named below:

Name	Registration Number
James M. Leas	34372

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

☒ The above-mentioned Customer Number.

OR

<input type="checkbox"/> Firm or Individual Name	James Marc Leas				
Address	37 Butler Drive				
Address					
City	S. Burlington	State	VT	zip	05403
Country	USA				
Telephone	802 864-1575	Fax	802 864-9319		

I am the:

☒ Applicant.☐ Assignee of record of the entire interest:
Certificate under 37 CFR 3.73(b) is enclosed

SIGNATURE of Applicant or Assignee of Record

Name	Karen Joe Russell
Signature	<i>Karen Joe Russell</i>
Date	8 July 2003

Burden Hour Statement: This form is estimated to take 0.8 hours to complete. Time will vary depending upon the needs of the individual user. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Department of Commerce, Room 3000, 1400 Constitution Avenue, NW, Washington, DC 20530. FOR ANY OTHER INFORMATION, CONTACT THE PATENT AND TRADEMARK OFFICE, DEPARTMENT OF COMMERCE, 1400 CONSTITUTION AVENUE, NW, WASHINGTON, DC 20530.